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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/575,388			ing Date 21/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛				HER THAN ALL ENTITY
	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A	150		N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	AL CLAIMS CFR 1.16(i))		minus 20 =		*			x \$ =		OR	x \$ =	
IND	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		*			x \$ =		1	x \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	shee is \$2 addi	If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fi 35 U.S.C. 41(a)(1)(G) ar			olication size fee due entity) for each raction thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	150		TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTIT				
AMENDMENT	04/14/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 18	Minus	** 20		= 0		X \$26 =	0	OR	x \$ =	
	Independent (37 CFR 1.16(h))	* 4	Minus	***4		= 0		X \$110 =	0	OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
		(Column 1)		(Columi		(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
* 15	the ontry in column	1 in long than the	ontruin a-l	uman 2it-	¬ "O" :	oolumn 2	. '	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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